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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS 2/13/2013	Platinum Coinsurance Plan	Platinum Copay Plan
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	89.1%	89.1%
Overall deductible	$0	$0
Other deductibles for specific services		
Medical	$0	$0
Brand Drugs	$0	$0
Dental	See attachment	See attachment
Out–of–pocket limit on expenses	$4,000	$4,000

Common Medical Event	Service Type		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		$25		$25	
	Specialist visit		$50		$50	
	Other practitioner office visit		$25		$25	
	Preventive care/ screening/ immunization		No cost share		No cost share	
Tests	Laboratory Tests		$25		$25	
	X-rays and Diagnostic Imaging		$40		$40	
	Imaging (CT/PET scans, MRIs)		0%		$150	
Drugs to treat illness or condition	Generic drugs		$5		$5	
	Preferred brand drugs		$15		$15	
	Non-preferred brand drugs		$25		$25	
	Specialty drugs		0%		0%	
Outpatient surgery	Facility fee (e.g., ASC)		10%		$250	
	Physician/surgeon fees		10%		0%	
Need immediate attention	Emergency room services (waived if admitted)		$150		$150	
	Emergency medical transportation		$150		$150	
	Urgent care		$50		$50	
Hospital stay	Facility fee (e.g., hospital room)		0%		$250 per day up to 5 days	
	Physician/surgeon fee		10%			
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		$25		$25	
	Mental/Behavioral health inpatient services		0%		$250 per day up to 5 days	
	Substance use disorder outpatient services		$25		$25	
	Substance use disorder inpatient services		0%		$250 per day up to 5 days	
Pregnancy	Prenatal and postnatal care		$25		$25	
	Delivery and all inpatient services	Hospital	0%		$250 per day up to 5 days	
		Professional	10%			
Help recovering or other special health needs	Home health care		10%		$25	
	Rehabilitation services		$25		$25	
	Habilitation services		$25		$25	
	Skilled nursing care		0%		$150 per day up to 5 days	
	Durable medical equipment		10%		10%	
	Hospice service		No cost share		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)		0%		0%	
	Glasses		1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic		See attachment		See attachment	
	Dental Basic Services					
	Dental Restorative and Orthodontia Services					

Notes:

1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.

2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.

4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.

5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

7) Glasses benefit limited to $100 per year.

8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS	Gold Coinsurance Plan	Gold Copay Plan
2/13/2013		
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	79.2%	79.0%
Overall deductible	$0	$0
Other deductibles for specific services		
Medical	$0	$0
Brand Drugs	$0	$0
Dental	See attachment	See attachment
Out–of–pocket limit on expenses	$6,400	$6,400

Common Medical Event	Service Type		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		$45		$45	
	Specialist visit		$65		$65	
	Other practitioner office visit		$45		$45	
	Preventive care/ screening/ immunization		No cost share		No cost share	
Tests	Laboratory Tests		$45		$45	
	X-rays and Diagnostic Imaging		$65		$65	
	Imaging (CT/PET scans, MRIs)		0%		$250	
Drugs to treat illness or condition	Generic drugs		$25		$25	
	Preferred brand drugs		$50		$50	
	Non-preferred brand drugs		$70		$70	
	Specialty drugs		0%		0%	
Outpatient surgery	Facility fee (e.g., ASC)		20%		$600	
	Physician/surgeon fees		20%		0%	
Need immediate attention	Emergency room services (waived if admitted)		$250		$250	
	Emergency medical transportation		$250		$250	
	Urgent care		$90		$90	
Hospital stay	Facility fee (e.g., hospital room)		0%		$600 per day up to 5 days	
	Physician/surgeon fee		20%			
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		$45		$45	
	Mental/Behavioral health inpatient services		0%		$600 per day up to 5 days	
	Substance use disorder outpatient services		$45		$45	
	Substance use disorder inpatient services		0%		$600 per day up to 5 days	
Pregnancy	Prenatal and postnatal care		$45		$45	
	Delivery and all inpatient services	Hospital	0%		$600 per day up to 5 days	
		Professional	20%			
Help recovering or other special health needs	Home health care		20%		$45	
	Rehabilitation services		$45		$45	
	Habilitation services		$45		$45	
	Skilled nursing care		0%		$300 per day up to 5 days	
	Durable medical equipment		20%		20%	
	Hospice service		No cost share		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)		0%		0%	
	Glasses		1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic		See attachment		See attachment	
	Dental Basic Services					
	Dental Restorative and Orthodontia Services					

Notes:

1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.

2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.

4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.

5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

7) Glasses benefit limited to $100 per year.

8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

2/13/2013

	Individual	Individual
	Silver Coinsurance Plan	**Silver Copay Plan**
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	70.2%	69.8%
Overall deductible	N/A	N/A
Other deductibles for specific services		
Medical	$2,000	$2,000
Brand Drugs	$500	$500
Dental	See attachment	See attachment
Out–of–pocket limit on expenses	$6,400	$6,400

Common Medical Event	Service Type		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		$45		$45	
	Specialist visit		$65		$65	
	Other practitioner office visit		$45		$45	
	Preventive care/ screening/ immunization		No cost share		No cost share	
Tests	Laboratory Tests		$45		$45	
	X-rays and Diagnostic Imaging		$65		$65	
	Imaging (CT/PET scans, MRIs)		0%	X	$250	
Drugs to treat illness or condition	Generic drugs		$25		$25	
	Preferred brand drugs		$50	X	$50	X
	Non-preferred brand drugs		$70	X	$70	X
	Specialty drugs		0%	X	0%	X
Outpatient surgery	Facility fee (e.g., ASC)		20%	X	20%	X
	Physician/surgeon fees		20%			
Need immediate attention	Emergency room services (waived if admitted)		$250	X	$250	X
	Emergency medical transportation		$250	X	$250	X
	Urgent care		$90		$90	
Hospital stay	Facility fee (e.g., hospital room)		0%	X	20%	X
	Physician/surgeon fee		20%			
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		$45		$45	
	Mental/Behavioral health inpatient services		0%	X	20%	X
	Substance use disorder outpatient services		$45		$45	
	Substance use disorder inpatient services		0%	X	20%	X
Pregnancy	Prenatal and postnatal care		$45		$45	
	Delivery and all inpatient services	Hospital	0%	X	20%	X
		Professional	20%			
Help recovering or other special health needs	Home health care		20%		$45	
	Rehabilitation services		$45		$45	
	Habilitation services		$45		$45	
	Skilled nursing care		0%	X	20%	X
	Durable medical equipment		20%		20%	
	Hospice service		No cost share		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)		0%		0%	
	Glasses		1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic		See attachment		See attachment	
	Dental Basic Services					
	Dental Restorative and Orthodontia Services					

Notes:

1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.

2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.

4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.

5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

7) Glasses benefit limited to $100 per year.

8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

2/13/2013

	SHOP	SHOP
	Silver Coinsurance Plan	**Silver Copay Plan**
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	71.2%	71.0%
Overall deductible	N/A	N/A
Other deductibles for specific services		
Medical	$1,500	$1,500
Brand Drugs	$500	$500
Dental	See attachment	See attachment
Out–of–pocket limit on expenses	$6,400	$6,400

Common Medical Event	Service Type		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		$45		$45	
	Specialist visit		$65		$65	
	Other practitioner office visit		$45		$45	
	Preventive care/ screening/ immunization		No cost share		No cost share	
Tests	Laboratory Tests		$45		$45	
	X-rays and Diagnostic Imaging		$65		$65	
	Imaging (CT/PET scans, MRIs)		0%	X	$250	
Drugs to treat illness or condition	Generic drugs		$25		$25	
	Preferred brand drugs		$50	X	$50	X
	Non-preferred brand drugs		$70	X	$70	X
	Specialty drugs		0%	X	0%	X
Outpatient surgery	Facility fee (e.g., ASC)		20%	X	20%	X
	Physician/surgeon fees		20%			
Need immediate attention	Emergency room services (waived if admitted)		$250	X	$250	X
	Emergency medical transportation		$250	X	$250	X
	Urgent care		$90		$90	
Hospital stay	Facility fee (e.g., hospital room)		0%	X	20%	X
	Physician/surgeon fee		20%			
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		$45		$45	
	Mental/Behavioral health inpatient services		0%	X	20%	X
	Substance use disorder outpatient services		$45		$45	
	Substance use disorder inpatient services		0%	X	20%	X
Pregnancy	Prenatal and postnatal care		$45		$45	
	Delivery and all inpatient services	Hospital	0%	X	20%	X
		Professional	20%			
Help recovering or other special health needs	Home health care		20%		$45	
	Rehabilitation services		$45		$45	
	Habilitation services		$45		$45	
	Skilled nursing care		0%	X	20%	X
	Durable medical equipment		20%		20%	
	Hospice service		No cost share		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)		0%		0%	
	Glasses		1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic		See attachment		See attachment	
	Dental Basic Services					
	Dental Restorative and Orthodontia Services					

Notes:

1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.

2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.

4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.

5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

7) Glasses benefit limited to $100 per year.

8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

2/13/2013

	Individual & SHOP
	Silver HSA Plan
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	71.6%
Overall deductible	$1500 integrated Med/Rx Ded
Other deductibles for specific services	
Medical	N/A
Brand Drugs	N/A
Dental	See attachment
Out–of–pocket limit on expenses	$6,400

Common Medical Event	Service Type		Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		20%	X
	Specialist visit		20%	X
	Other practitioner office visit		20%	X
	Preventive care/ screening/ immunization		No cost share	
Tests	Laboratory Tests		20%	X
	X-rays and Diagnostic Imaging		20%	X
	Imaging (CT/PET scans, MRIs)		20%	X
Drugs to treat illness or condition	Generic drugs		20%	X
	Preferred brand drugs		20%	X
	Non-preferred brand drugs		20%	X
	Specialty drugs		20%	X
Outpatient surgery	Facility fee (e.g., ASC)		20%	X
	Physician/surgeon fees		20%	X
Need immediate attention	Emergency room services (waived if admitted)		20%	X
	Emergency medical transportation		20%	X
	Urgent care		20%	X
Hospital stay	Facility fee (e.g., hospital room)		20%	X
	Physician/surgeon fee		20%	X
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		20%	X
	Mental/Behavioral health inpatient services		20%	X
	Substance use disorder outpatient services		20%	X
	Substance use disorder inpatient services		20%	X
Pregnancy	Prenatal and postnatal care		20%	X
	Delivery and all inpatient services	Hospital	20%	X
		Professional	20%	X
Help recovering or other special health needs	Home health care		20%	X
	Rehabilitation services		20%	X
	Habilitation services		20%	X
	Skilled nursing care		20%	X
	Durable medical equipment		20%	X
	Hospice service		No cost share	X
Child needs dental or eye care	Eye exam (*deductible waived*)		0%	
	Glasses		1 pair per year	
	Dental check-up - Preventive and Diagnostic		See attachment	
	Dental Basic Services			
	Dental Restorative and Orthodontia Services			

Notes:

1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.

2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.

4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.

5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

7) Glasses benefit limited to $100 per year.

8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS	Silver Coinsurance Plan 100%-150% FPL	Silver Coinsurance Plan 150%-200% FPL
2/13/2013		
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	94.5%	87.5%
Overall deductible	$0	N/A
Other deductibles for specific services		
Medical	$0	$500
Brand Drugs	$0	$50
Dental	See attachment	See attachment
Out–of–pocket limit on expenses	$2,250	$2,250

Common Medical Event	Service Type		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		$4	X	$20	
	Specialist visit		$6	X	$25	
	Other practitioner office visit		$4	X	$20	
	Preventive care/ screening/ immunization		No cost share		No cost share	
Tests	Laboratory Tests		$6	X	$20	
	X-rays and Diagnostic Imaging		$10	X	$25	
	Imaging (CT/PET scans, MRIs)		0%	X	0%	X
Drugs to treat illness or condition	Generic drugs		$4	X	$8	
	Preferred brand drugs		$7	X	$18	X
	Non-preferred brand drugs		$10	X	$27	X
	Specialty drugs		0%	X	0%	X
Outpatient surgery	Facility fee (e.g., ASC)		10%	X	15%	X
	Physician/surgeon fees		10%	X	15%	
Need immediate attention	Emergency room services (waived if admitted)		$25	X	$75	X
	Emergency medical transportation		$25	X	$75	X
	Urgent care		$8	X	$40	
Hospital stay	Facility fee (e.g., hospital room)		0%	X	0%	X
	Physician/surgeon fee		10%	X	15%	
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		$4	X	$20	
	Mental/Behavioral health inpatient services		0%	X	0%	X
	Substance use disorder outpatient services		$4	X	$20	
	Substance use disorder inpatient services		0%	X	0%	X
Pregnancy	Prenatal and postnatal care		$4	X	$20	
	Delivery and all inpatient services	Hospital	0%	X	0%	X
		Professional	10%	X	15%	
Help recovering or other special health needs	Home health care		10%	X	15%	
	Rehabilitation services		$4	X	$20	
	Habilitation services		$4	X	$20	
	Skilled nursing care		0%	X	0%	X
	Durable medical equipment		10%	X	15%	
	Hospice service		No cost share		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)		0%		0%	
	Glasses		1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic		See attachment		See attachment	
	Dental Basic Services					
	Dental Restorative and Orthodontia Services					

Notes:

1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.

2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.

4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.

5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

7) Glasses benefit limited to $100 per year.

8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS	**Silver Coinsurance Plan 200%-250% FPL**
2/13/2013	
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	73.9%
Overall deductible	N/A
Other deductibles for specific services	
Medical	$1,500
Brand Drugs	$500
Dental	See attachment
Out–of–pocket limit on expenses	$5,200

Common Medical Event	Service Type		Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		$45	
	Specialist visit		$55	
	Other practitioner office visit		$45	
	Preventive care/ screening/ immunization		No cost share	
Tests	Laboratory Tests		$45	
	X-rays and Diagnostic Imaging		$55	
	Imaging (CT/PET scans, MRIs)		0%	X
Drugs to treat illness or condition	Generic drugs		$20	
	Preferred brand drugs		$30	X
	Non-preferred brand drugs		$50	X
	Specialty drugs		0%	X
Outpatient surgery	Facility fee (e.g., ASC)		20%	X
	Physician/surgeon fees		20%	
Need immediate attention	Emergency room services (waived if admitted)		$250	X
	Emergency medical transportation		$250	X
	Urgent care		$90	
Hospital stay	Facility fee (e.g., hospital room)		0%	X
	Physician/surgeon fee		20%	
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		$45	
	Mental/Behavioral health inpatient services		0%	X
	Substance use disorder outpatient services		$45	
	Substance use disorder inpatient services		0%	X
Pregnancy	Prenatal and postnatal care		$45	
	Delivery and all inpatient services	Hospital	0%	X
		Professional	20%	
Help recovering or other special health needs	Home health care		20%	
	Rehabilitation services		$45	
	Habilitation services		$45	
	Skilled nursing care		0%	X
	Durable medical equipment		20%	
	Hospice service		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)		0%	
	Glasses		1 pair per year	
	Dental check-up - Preventive and Diagnostic		See attachment	
	Dental Basic Services			
	Dental Restorative and Orthodontia Services			

Notes:

1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.

2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.

4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.

5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

7) Glasses benefit limited to $100 per year.

8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

2/13/2013

	Silver Copay Plan 100%-150% FPL	Silver Copay Plan 150%-200% FPL
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	94.6%	87.5%
Overall deductible	$0	N/A
Other deductibles for specific services		
Medical	$0	$500
Brand Drugs	$0	$50
Dental	See attachment	See attachment
Out–of–pocket limit on expenses	$2,250	$2,250

Common Medical Event	Service Type		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		$4	X	$20	
	Specialist visit		$6	X	$25	
	Other practitioner office visit		$4	X	$20	
	Preventive care/ screening/ immunization		No cost share		No cost share	
Tests	Laboratory Tests		$6	X	$20	
	X-rays and Diagnostic Imaging		$10	X	$25	
	Imaging (CT/PET scans, MRIs)		$50	X	$100	
Drugs to treat illness or condition	Generic drugs		$4	X	$8	
	Preferred brand drugs		$7	X	$18	X
	Non-preferred brand drugs		$10	X	$27	X
	Specialty drugs		0%	X	0%	X
Outpatient surgery	Facility fee (e.g., ASC)		10%	X	15%	X
	Physician/surgeon fees					
Need immediate attention	Emergency room services (waived if admitted)		$25	X	$75	X
	Emergency medical transportation		$25	X	$75	X
	Urgent care		$8	X	$40	
Hospital stay	Facility fee (e.g., hospital room)		10%	X	15%	X
	Physician/surgeon fee					
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		$4	X	$20	
	Mental/Behavioral health inpatient services		10%	X	15%	X
	Substance use disorder outpatient services		$4	X	$20	
	Substance use disorder inpatient services		10%	X	15%	X
Pregnancy	Prenatal and postnatal care		$4	X	$20	
	Delivery and all inpatient services	Hospital	10%	X	15%	X
		Professional				
Help recovering or other special health needs	Home health care		$4	X	$20	
	Rehabilitation services		$4	X	$20	
	Habilitation services		$4	X	$20	
	Skilled nursing care		10%	X	15%	X
	Durable medical equipment		10%	X	15%	
	Hospice service		No cost share		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)		0%		0%	
	Glasses		1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic		See attachment		See attachment	
	Dental Basic Services					
	Dental Restorative and Orthodontia Services					

Notes:

1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.

2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.

4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.

5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

7) Glasses benefit limited to $100 per year.

8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

Covered California
Standard Benefit Plan Designs
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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS	**Silver Copay Plan 200%-250% FPL**
2/13/2013	
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	73.6%
Overall deductible	N/A
Other deductibles for specific services	
Medical	$1,500
Brand Drugs	$500
Dental	See attachment
Out–of–pocket limit on expenses	$5,200

Common Medical Event	Service Type		Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		$45	
	Specialist visit		$55	
	Other practitioner office visit		$45	
	Preventive care/ screening/ immunization		No cost share	
Tests	Laboratory Tests		$45	
	X-rays and Diagnostic Imaging		$55	
	Imaging (CT/PET scans, MRIs)		$250	
Drugs to treat illness or condition	Generic drugs		$20	
	Preferred brand drugs		$30	X
	Non-preferred brand drugs		$50	X
	Specialty drugs		0%	X
Outpatient surgery	Facility fee (e.g., ASC)		20%	X
	Physician/surgeon fees			
Need immediate attention	Emergency room services (waived if admitted)		$250	X
	Emergency medical transportation		$250	X
	Urgent care		$90	
Hospital stay	Facility fee (e.g., hospital room)		20%	X
	Physician/surgeon fee			
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		$45	
	Mental/Behavioral health inpatient services		20%	X
	Substance use disorder outpatient services		$45	
	Substance use disorder inpatient services		20%	X
Pregnancy	Prenatal and postnatal care		$45	
	Delivery and all inpatient services	Hospital	20%	X
		Professional		
Help recovering or other special health needs	Home health care		$45	
	Rehabilitation services		$45	
	Habilitation services		$45	
	Skilled nursing care		20%	X
	Durable medical equipment		20%	
	Hospice service		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)		0%	
	Glasses		1 pair per year	
	Dental check-up - Preventive and Diagnostic		See attachment	
	Dental Basic Services			
	Dental Restorative and Orthodontia Services			

Notes:

1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.

2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.

4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.

5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

7) Glasses benefit limited to $100 per year.

8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

Covered California
Standard Benefit Plan Designs
Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS	**Bronze Plan**	**Bronze HSA Plan**
2/13/2013		
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	60.1%	59.0%
Overall deductible	$5000 integrated Med/Rx Ded	$4500 integrated Med/Rx Ded
Other deductibles for specific services		
Medical	N/A	N/A
Brand Drugs	N/A	N/A
Dental	See attachment	See attachment
Out–of–pocket limit on expenses	$6,400	$6,400

Common Medical Event	Service Type		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		$60	After 1st 3 non-preventive visits	40%	X
	Specialist visit		$70	X	40%	X
	Other practitioner office visit		$60	X	40%	X
	Preventive care/ screening/ immunization		No cost share		No cost share	
Tests	Laboratory Tests		30%	X	40%	X
	X-rays and Diagnostic Imaging		30%	X	40%	X
	Imaging (CT/PET scans, MRIs)		30%	X	40%	X
Drugs to treat illness or condition	Generic drugs		$25	X	40%	X
	Preferred brand drugs		$50	X	40%	X
	Non-preferred brand drugs		$75	X	40%	X
	Specialty drugs		30%	X	40%	X
Outpatient surgery	Facility fee (e.g., ASC)		30%	X	40%	X
	Physician/surgeon fees		30%	X	40%	X
Need immediate attention	Emergency room services (waived if admitted)		$300	X	40%	X
	Emergency medical transportation		$300	X	40%	X
	Urgent care		$120	After 1st 3 non-preventive visits	40%	X
Hospital stay	Facility fee (e.g., hospital room)		30%	X	40%	X
	Physician/surgeon fee		30%	X	40%	X
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		$60	X	40%	X
	Mental/Behavioral health inpatient services		30%	X	40%	X
	Substance use disorder outpatient services		$60	X	40%	X
	Substance use disorder inpatient services		30%	X	40%	X
Pregnancy	Prenatal and postnatal care		$60	After 1st 3 non-preventive visits	40%	X
	Delivery and all inpatient services	Hospital	30%	X	40%	X
		Professional	30%	X	40%	X
Help recovering or other special health needs	Home health care		30%	X	40%	X
	Rehabilitation services		30%	X	40%	X
	Habilitation services		30%	X	40%	X
	Skilled nursing care		30%	X	40%	X
	Durable medical equipment		30%	X	40%	X
	Hospice service		No cost share	X	No cost share	X
Child needs dental or eye care	Eye exam (*deductible waived*)		0%		0%	
	Glasses		1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic		See attachment		See attachment	
	Dental Basic Services					
	Dental Restorative and Orthodontia Services					

Notes:

1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.

2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.

4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.

5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

7) Glasses benefit limited to $100 per year.

8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

Covered California
Standard Benefit Plan Designs
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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS	**Catastrophic Plan**
2/13/2013	
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	60.4%
Overall deductible	$6400 integrated Med/Rx Ded
Other deductibles for specific services	
Medical	N/A
Brand Drugs	N/A
Dental	See attachment
Out–of–pocket limit on expenses	$6,400

Common Medical Event	Service Type		Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		0%	After 1st 3 non-preventive visits
	Specialist visit		0%	X
	Other practitioner office visit		0%	X
	Preventive care/ screening/ immunization		No cost share	
Tests	Laboratory Tests		0%	X
	X-rays and Diagnostic Imaging		0%	X
	Imaging (CT/PET scans, MRIs)		0%	X
Drugs to treat illness or condition	Generic drugs		0%	X
	Preferred brand drugs		0%	X
	Non-preferred brand drugs		0%	X
	Specialty drugs		0%	X
Outpatient surgery	Facility fee (e.g., ASC)		0%	X
	Physician/surgeon fees		0%	X
Need immediate attention	Emergency room services (waived if admitted)		0%	X
	Emergency medical transportation		0%	X
	Urgent care		0%	After 1st 3 non-preventive visits
Hospital stay	Facility fee (e.g., hospital room)		0%	X
	Physician/surgeon fee		0%	X
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		0%	X
	Mental/Behavioral health inpatient services		0%	X
	Substance use disorder outpatient services		0%	X
	Substance use disorder inpatient services		0%	X
Pregnancy	Prenatal and postnatal care		0%	After 1st 3 non-preventive visits
	Delivery and all inpatient services	Hospital	0%	X
		Professional	0%	X
Help recovering or other special health needs	Home health care		0%	X
	Rehabilitation services		0%	X
	Habilitation services		0%	X
	Skilled nursing care		0%	X
	Durable medical equipment		0%	X
	Hospice service		No cost share	X
Child needs dental or eye care	Eye exam (*deductible waived*)		0%	
	Glasses		1 pair per year	
	Dental check-up - Preventive and Diagnostic		See attachment	
	Dental Basic Services			
	Dental Restorative and Orthodontia Services			

Notes:

1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.

2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.

4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.

5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

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8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.